

Client Information	Name	Person shipping samples Mark Jones	Phone	555-1212	E-Mail	
	Address	PO Box 1212	City	Chugiak	State	AK
			Zip	99512	Cell	
					Fax	

Print Form

Requestor Information	<input type="checkbox"/> Same as Client Info						
	Name	Owner of Birds information (if applicable)		Phone		E-Mail	
	Address		City		State		Zip
						Fax	

INSTRUCTIONS

Please fill in ALL shaded blocks for EACH sample submitted. For further information, or assistance filling out the Avian Influenza Screen submission form, see our web site at: www.dec.state.ak.us/eh/lab

Sample ID	Sample Description	Sample Comments / ID/Tattoo/Elec ID#	Date Collected	Time Collected	Temperature @Collection	Environmental Variables	Collector By Name & Initials	Collection Location	Area	Lot # / Age	Species	Sex	Amount of Harvest	Analysis Requested
# of tube	Cloacal Swab	chicken yard	DATE				Collector	Area			chicken			AI - Screen
2	Tracheal Swab	bird on runway	4/15/06				MJ	Address			mallard			AI - Screen
3	Fecal Swab	samples on trail	4/15/06				MJ	GPS coordinate			dove			AI - Screen
4	Whole Bird	found dead	4/15/06				Stan J	Crystal Lake			goose			Necropsy
5	Tissue	bird shot by hunter	4/16/06				RFG	Hay Flats			pintail			AI - Screen

Shipped <input type="radio"/> Refrigerated <input checked="" type="radio"/> Frozen <input type="radio"/> Ambient	Carrier		Air Bill #		ID Marks		Condition at Receipt	
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Special Instructions

Submitted by: Sign & Print Name	Signature of Mark Jones	Date/Time		Received by: Sign & Print Name		Date/Time		Relinquished by: Sign & Print Name	
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Date/Time Rcvd		Rcvd Temp		Rcvd at Lab by: Sign & Print Name		Rcvd by Analyst: Sign & Print Name		Date/Time	
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